				L ATTORNIENE D	OCVET
COMBINED DECLAR APPLICATION WITH				PB60225	
APPLICATION WITE	IFOWER	of Allowiel		First Named Inver Ignatius Loy BRITTO	
() Declaration submitted with initial	filing or			Complete if kn	10wn:
() Declaration submitted after initial	filing (surcharge r	equired 37CFR1.16(e))		Арр №	ł
				Filing Date	
				Group Art Uni	it:
As below named	l inventor. I here	by declare that:		1	
My residence, post office	address and citiz	zenship are as stated belo	ow next to my name.		
			e is listed below) or an original, imed and for which a patent is so		
		A MEDICAMENT D	ISPENSER		
the specification of which	h (check only one	e item below):			
[]is attached hereto. OR					
[x] was filed on _ as United States application Serial No or PCT International					
	T/EP2004/00424 applicable)	filed <u>20 April 2004</u>	and was amended on (MM/DD/)	/YYY)	
I hereby state that I have as amended by any amen			the above-identified specification	a, including the c	claims,
I acknowledge the duty to	o disclose inform	ation which is material to	o patentability as defined in 37 C	FR §1.56.	
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	any PCT internati d have also ident	ional application which of ified below, by checking	designated at least one country of the box, any foreign application	ther than the Unit for patent or in-	ventor's
PRIOR FOREIGN AND ANY P					
Prior Foreign Application Number (s)	(Country	Foreign Filing Date (MM/DD/YYYY))	CLA	ORITY IMED
1. 60/464,477		US	22 April 2003		X
2.					
3. 4.					
5.					
I hereby claim the benefit under T	itle 35. United St	ates Code §119(e) of an	y United States provisional appli	cation(s) listed b	elow:
Application No.	, , , , , , , , , , , , , , , , , , , ,		(MM/DD/YYYY)	(.)	
1.					
2.					

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEYS DOCKET NUMBER PB60225

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
POWED OF ATTORNEY. As a remadiation				<u> </u>	
prosecute this application and to transact all bus Customer Number 23347 and Customer Number				provided below to	
prosecute this application and to transact all bus	siness in the Patent and Trademark er 20462	Office connected therev			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BRITTO	Ignatius	Loy
	INVENTOR'S	Signature / O /		Date:
	SIGNATURE	Ignitus dy Butto		01 June 2004.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Evreux	FR	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAROCHE	Christophe	
	INVENTOR'S	Signature		Date: C12 \ 2 211
	SIGNATURE			COUNTRY OF CHIZENSHIP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Evreux	FR	FR
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		·
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LO CLARK	Verna	Charlene
2	INVENTOR'S	LO CLARK Signature	Verna	Date
	INVENTOR'S SIGNATURE	Signature		Date
0	INVENTOR'S SIGNATURE RESIDENCE &	Signature	STATE OR FOREIGN COUNTRY	Date COUNTRY OF CITIZENSHIP
	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	Signature CITY Durham	STATE OR FOREIGN COUNTRY NC, US	COUNTRY OF CITIZENSHIP US
0	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	Signature CITY Durham POST OFFICE ADDRESS	STATE OR FOREIGN COUNTRY NC, US CITY	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline	STATE OR FOREIGN COUNTRY NC, US	COUNTRY OF CITIZENSHIP US
0	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	STATE OR FOREIGN COUNTRY NC, US CITY Research Triangle Park	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US
3	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	STATE OR FOREIGN COUNTRY NC, US CITY Research Triangle Park FIRST GIVEN NAME	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR	Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PEYRON	STATE OR FOREIGN COUNTRY NC, US CITY Research Triangle Park FIRST GIVEN NAME Isabelle	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Denise
3	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S	Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	STATE OR FOREIGN COUNTRY NC, US CITY Research Triangle Park FIRST GIVEN NAME Isabelle	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Denise
32	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PEYRON Signature	STATE OR FOREIGN COUNTRY NC, US CITY Research Triangle Park FIRST GIVEN NAME Isabelle	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Denise Date: Of The June 2004
3	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE &	Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PEYRON Signature CITY	STATE OR FOREIGN COUNTRY NC, US CITY Research Triangle Park FIRST GIVEN NAME Isabelle STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Denise Date: Of 18 June 204 COUNTRY OF CITIZENSHIP
32	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PEYRON Signature CITY Evreux	STATE OR FOREIGN COUNTRY NC, US CITY Research Triangle Park FIRST GIVEN NAME Isabelle STATE OR FOREIGN COUNTRY FR	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Denise Date: Of The June 2004 COUNTRY OF CITIZENSHIP FR
32	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PEYRON Signature CITY EVreux POST OFFICE ADDRESS	STATE OR FOREIGN COUNTRY NC, US CITY Research Triangle Park FIRST GIVEN NAME ISABEILE STATE OR FOREIGN COUNTRY FR CITY	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Denise Date: COUNTRY OF CITIZENSHIP FR STATE & ZIP CODE/COUNTRY
3	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PEYRON Signature CITY Evreux	STATE OR FOREIGN COUNTRY NC, US CITY Research Triangle Park FIRST GIVEN NAME Isabelle STATE OR FOREIGN COUNTRY FR	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Denise Date: Of The June 2004 COUNTRY OF CITIZENSHIP FR

DECLARATION FOR "371" APPLICATION

COMBINED DECLA				PB60225		
APPLICATION WITI	First Named Inventor:					
				Ignatius Loy		
				BRITTO		
() Declaration submitted with initia	l filing or			Complete if known:		
	App No.:					
() Declaration submitted after initia	I filing (surcharge	required 37CFR1.16(e))				
				Filing Date		
				Group Art Unit:		
As helow name	d inventor. I her	ehy declare that:				
713 below hame	a mivement. I mer	coy acciaic mai.				
My residence, post offic	e address and citi	izenship are as stated bel	ow next to my name.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
	A MEDICAMENT DISPENSER					
the specification of whic	h (check only on	e item below):		1		
[]is attached hereto. OR						
[x] was filed on _ as U	inited States appl	ication Serial No	or PCT International	·		
	T/EP2004/0042 applicable)	47 filed <u>20 April 2004</u>	and was amended on (MM/DD/Y	YYYY)		
I hereby state that I have as amended by any amen			the above-identified specification	n, including the claims,		
I acknowledge the duty t	o disclose inform	nation which is material t	o patentability as defined in 37 C	FR §1.56.		
I hereby claim foreign priority ber	nefits under 35 I I	S C &110 (a)_(d) or &34	(5(h) of any foreign applications	(a) for natent or		
inventor's certificate or 365(a) of	any PCT internat	ional application which	designated at least one country of	her than the United		
States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's						
certificate or of any PCT international application having a filing date before that of the application on which priority is claimed: PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:						
Prior Foreign Application		Country	Foreign Filing Date	PRIORITY		
Number (s)		Country	(MM/DD/YYYY))	CLAIMED		
1. 60/464,477		US	22 April 2003	X		
2.	· · · · · · · · · · · · · · · · · · ·					
<u>3.</u> 4.						
5.						
I hereby claim the benefit under T	itle 35, United S	tates Code §119(e) of an	y United States provisional applic	cation(s) listed below:		
Application No.			(MM/DD/YYYY)			
1.						
2. 3.						
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DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PB60225

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	international filing d	ate of this application:					
PRIOR	U.S. PARENT	APPLICATION or PCT PARENT	APPLICATION	٧			
					STATUS (Check		
U.S.	Parent Application or Number	PCT Parent Parent Filing (MM/DD/YY		PATENTED	PENDING	ABANDONED	
prosecut	e this application ar	: As a named inventor, I hereby appoint ad to transact all business in the Patent and d Customer Number 20462	the practitioners a d Trademark Offic	ssociated with the e connected there	Customer Numbers	provided below to	
		ce and telephone calls to Customer I	Number <u>23347</u>			ert Smith	
						483 9616	
belief a	re believed to be t made are punishal	tatements made herein of my own known; and further that these statements ble by fine or imprisonment, or both, the application or any patent issuing	were made with under 18 U.S.C.	the knowledge	that willful false st	tatements and the	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	E	SECOND GIVEN NAM	EINITIAL	
2	OF INVENTOR	BRITTO	Ignatius		Loy		
	INVENTOR'S SIGNATURE	Signature			Date:		
0	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	CITIZENSHIP	Evreux	FR		US		
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	Research Tr	iangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709			
		Five Moore Drive, PO Box 13398					
	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	E	SECOND GIVEN NAM	EINITIAL	
2	OF INVENTOR	LAROCHE	Christophe		Date:		
	INVENTOR'S	Signature			Date:		
	SIGNATURE						
0	RESIDENCE &	CITY	STATE OR FOREIG	N COUNTRY	COUNTRY OF CITIZES	IZENSHIP	
	CITIZENSHIP	Evreux POST OFFICE ADDRESS	FR	FR STATE & ZIP CODE/COUNTRY		OUNTRY	
_	POST OFFICE				North Carolina 27709, US		
2	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398		langle Fark	North Caronna	127709, 03	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	IE	SECOND GIVEN NAM	E/INITIA	
2	OF INVENTOR	LO CLARK (60) 2 9-5-wy	Verna		Charlene Lo	(ACL) 2 July .	
	INVENTOR'S SIGNATURE	Signature		Date 2 July 2004			
0	RESIDENCE &	CITY	STATE OR FOREIG	ON COUNTRY	COUNTRY OF CITIZE	NSHIP	
-	CITIZENSHIP	Durham	NC, US		US		
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/CO		
3	ADDRESS	GlaxoSmithKline	Research Tr	iangle Park	North Carolina	a 27709, US	
	l	Five Moore Drive, PO Box 13398	1				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	IE	SECOND GIVEN NAM	IE/INITIAL	
2	OF INVENTOR	PEYRON	Isabelle		Denise		
	INVENTOR'S SIGNATURE	Signature			Date:		
0	RESIDENCE &	CITY	STATE OR FOREIG	N COUNTRY	COUNTRY OF CITIZE	NSHIP	
-	CITIZENSHIP	Evreux	FR		FR		
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/C		
4	ADDRESS	GlaxoSmithKline	Research Tr	iangle Park	North Carolina	a 27709, US	
	I	Five Masses Drive DO Day 12200			I		

Five Moore Drive, PO Box 13398